

## \*PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE

**Commissioner for Patents** 

Washington, D.C. 20231 Fax (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where

indicated unless corrected be maintenance fee notification	elow or directed otherwis s.	e in Block I, by (a) spec	cifying a new co	f maintenance fee respondence addr	es will be mailed to the current ess; and/or (b) indicating a sep	t correspondence address as sarate "FEE ADDRESS" for
CUIDENT CORRESPONDENCE ADDRESS (Note: Lagably mark-up) with any corrections or use Block 1) 20999 7590 11/06/2002				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other		
FROMMER LAV		Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
745 FIFTH AVEN	10176			Certificate of Mailing or Trai	smission	
NEW YORK, NY 10151				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.		
•	•	JAN 2 8 AL	] بي تا	Californiaes to the	OSF 10, on the case indicated	(Depositor's name)
		la la				(Signature)
		PLOGNA	; [			(Duto)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/507,242 02/18/2000		Steven D. Hanes			454311-2200.1 9120 D USING, AND TARGETING IT AND ITS EXPRESSION	
PRODUCTS FOR ANTIFU	AESSI: A CANDIDA AL NGAL APPLICATIONS	BICANS GENE, METHO	ODS FOR MAK	NG AND USING	, AND TARGETING IT AND	ITS EXPRESSION
•						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	VBS	\$1280		\$0	\$650.00	02/06/2003
EXAMINER		ART UNIT	CLASS-SUBCLASS		#630.00	
BASKAR, PADMAVATHI		1645	435-006000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  2. For printing on the patent front page, list (1) FROMMER LAWRENCE the names of up to 3 registered patent attorneys & HAUG LLP						
☐ Change of corresponde Address form PTO/SB/12	or agents OR, alternatively, (2) the name of a single firm (having as a member a registered 2 William S. Frommer					
O "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered patent attorneys or agents. If no name is listed, no name will be printed.  Thomas J. Kowalski			
. ASSIGNEE NAME AND	RESIDENCE DATA TO	BE PRINTED ON THE P	ATENT (print or	type)		
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Health Research Incorporated Rensselaer, New York						
Name about the security and the security of the security (section).						
Please check the appropriate assignee category or categories (will not be printed on the patent)  a. The following fee(s) are enclosed:  4b. Payment of Fee(s):						
Issue Fee						
☐ Publication Fee ☐ Payment by credit card. Form PTO-2038 is attached.						
☐ Advance Order - # of Copies ☐ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50 - 220 (enclose an extra copy of this form).						
Commissioner for Patents is	requested to apply the Issu				sly paid issue fee to the applica	
Authorized Signature)Will	S. Fromm	er (Date)	/			
Il black	// som	1/28/	03			
OUTE; The Issue Fit and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other party in 01/31/2003 MBIZUNE2 00000201 09507242						
interest as shown by the records of the United States Patent and Trademark Office.  This collection of information is required by 37 CFR 1.311. The information is required to  01 FC:2501  650.00 IP						
obtain or retain a benefit application. Confidentialit estimated to take 12 minu completed application for case. Any comments on suggestions for reducing	his collection is his collection is I submitting the the individual his form and/or on Officer, U.S.	, <b>V</b> 2 10.				
Commissioner for Patents	COMPLETED TOWN	J 10 11110 1111-1				

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. TRANSMIT THIS FORM WITH FEE(S)